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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 5878

SERIAL NUMBER 10/808,739	FILING OR 371(c) DATE 03/25/2004 RULE	CLASS 714	GROUP ART UNIT 2114	ATTORNEY DOCKET NO. ROC920030362US1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 06/07/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>J. Charles TMS</i> Examiner's Signature	Initials			

**ADDRESS**

30206

**TITLE**

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